White Mountain Apache Tribe Region Partnership Council 2010 Needs and Assets Report

Letter from the Chair*(FTF provides)

Regional Partnership Council Members (FTF provides)

Introduction and Acknowledgements* (FTF provides)

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Executive Summary

Report Overview

The goal of this report is to provide a snapshot of the needs and assets of children ages 0-5 in the White Mountain Apache Tribe Region (for the purposes of this report, "the Region" refers to all children and their families residing on the Fort Apache Indian Reservation; the area served by the White Mountain Apache Tribe Regional Partnership Council).

The goal of this report is to provide information and analysis that can be used by those working in the Region. The report provides information on children 0-5 and their families in the Region. Specifically, it provides information in the areas of:

- Demographics
- The Early Childhood System
- Supporting Families
- Health
- Public Awareness and Collaboration

Much of the information presented has been gathered from Tribal and public data sources, especially in the areas of demographics and health. Where possible the research presented in the report draws on multiple years of data as well as state-level data, so that trends can be identified and comparisons made.

In some sections, this report relies on data from the 2000 U.S. Census. While other regions of the state and country are able to access American Community Survey data for more recent years, the sample size is too small in the Region to enable us to use these updated data sets. Currently, data is being collected for the 2010 census. In the future this will provide updated information. However, it should be noted that census forms are not mailed to a home unless the home has a physical address (not a P.O. Box). This means that in rural and tribal areas, there are additional barriers to having a reliable and accurate census count. Because of these two barriers to accurate population counts, where possible we have used the First Things First population estimates.

There are some areas of the report where there is little to no publically available existing data—Supporting Families and Public Awareness and Collaboration. As a result, primary data collection strategies were utilized (a focus group and ten key informant interviews). These help to provide a fuller, more developed snapshot of the community and also help to interpret the data. A full list of interviewees and the focus group details are attached as Appendix A.

Demographic Overview

Introduction

The number of children ages 0-5 in the Region is growing, and the rate of growth is faster than the statewide rate.

Understanding the basic numbers and characteristics of children and their families in the Region provides an important context for the work and also allows for the examination of trends. For example, if the data shows that mothers in the Region are becoming younger, the community must look more closely at programs and services for this population. If it shows that there is an increase in children being born, the community needs to look at the capacity of programs designed to ensure that these children are ready to enter school at age five.

Key Findings
- There was substantial growth in the number of children in the Region ages 0-5 between 2000 and 2009.
- In 2000, young children in the Region were a greater proportion of the population (12.30%) than in other places across the state (8.96%).
- In 2000, almost two-fifths of households with children under age 18 in the Region were headed by a single female. This compared to just one-fifth statewide.
- 53.3% of children ages 0-5 in the Region live in poverty.

Population

In 2009, there were 1,902 children ages 0-5 in the Region. This represents 0.3% of the state's young child population. However, we can see from the chart below that the number of children ages 0-5 in the Region is not constant. It is steadily increasing over time. Between 2000 and 2009, the percentage growth was 24.97%; lower than the state rate of 39.98%. However, between 2008 and 2009, the regional percent growth rate was 14.23%; significantly higher than the state rate of 4.12% (Table 1).

Table 1. Children Ages 0-5years, 2000, 2008, 2009

	2000	2008	2009	% Growth 2000-2009	% Growth 2008-2009
White Mountain Apache Tribe Region	1,522	1,665	1,902	24.97%	14.23%
Arizona	459,923	618,300	643,783	39.98%	4.12%

Source: First Things First Allocation Formula

It is also interesting to note that in 2000, young children were a greater proportion of the population in the Region (12.30%) than statewide (8.96%) (Table 2).

Table 2. Children Ages 0-5 as a Percent of Total Population, 2000

	2000	2008	2009
White Mountain Apache Tribe Region	12.30%	Not available	Not available
Arizona	8.96%	9.34%	9.45%

Sources: 2000 data from US Census, and FTF estimates. 2008 data from AZ Dept of Commerce Population Estimates.
Notes: Not available because we do not have a total population estimate for WMA in 2008 and 2009

As we can see in this section, the number of children ages birth through five is increasing at a rate greater than that seen in the state as a whole. This has implications for all programs that have been designed to serve young children and their families. Attention should be paid to the capacity of these programs to cope with greater numbers.

Race, Ethnicity and Family Composition

The vast majority (94%) of residents in the Region are American Indian or Alaska Native. The race and ethnicity of the population has remained constant over the last three years (Table 3).

Table 3. Race and Ethnicity of All Persons in White Mountain Apache Tribe*, 2006, 2009

	American Indian or Alaska Native	White Non-Hispanic	Hispanic or Latino	Black or African American	Asian or Pacific Islander
2006	94%	4%	2%	<1%	<1%
2009	94%	4%	2%	<1%	<1%

Sources: AZ DHS Primary Care Area Statistical Profile; DHS created estimates based on 2000 census and updated to 2006 and 2009.
*"White Mountain Apache Tribe" is the term used by the AZ DHS to describe those living on the Fort Apache Indian Reservation.
Note: The Census methodology does not allow us to count American Indian and Alaska Native separately.

In 2000, almost two-fifths of households with children under age 18 were headed by a single female. This compared to just one-fifth statewide (Table 4). Because single parents will often need additional supports in raising their children, this finding will have significant implications for programs designed to support parents.

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Table 4. Percent of Households with Children Ages 0-18, 2000

	Single Female-Headed Household	Single Male-Headed Household	Married Couple Household
White Mountain Apache Tribe*	39%	8%	53%
Arizona	20%	8%	72%

Sources: AZ DHS Primary Care Area Statistical Profile; DHS created estimates based on 2000 census and updated to 2006 and 2009.

*"White Mountain Apache Tribe" is the term used by the AZ DHS to describe those living on the Fort Apache Indian Reservation.

Table 5. Number of Tribally Enrolled Children Ages 0-5, July 2008 and July 2009
(Table 5 is not yet interpreted as we are waiting on 2009 data.)

Age	# of Enrolled Members 2008	# of Enrolled Members 2009
0	84	
1	187	
2	217	
3	266	
4	229	
5	268	
Total	1251	

Source: White Mountain Apache Office of Vital Records, Enrollment Office.

Poverty and Income

Living in poverty can be a major predictor of other risk factors. Research has found that there is "A very robust relationship between an adult individual's income and that individual's health."[1] The impact of poverty extends to nutrition as well as declining mental health. It also has an effect on the health status of young children.[2] More recent research supports this, noting that "By almost every measure, including health, cognitive development, educational outcomes, and emotional difficulties, children in low-income families are at higher risk than those in families with higher incomes."[3] If there are a high percentage of children living in poverty in the Region, this will mean that these children will require additional services from the early childhood

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[1] Phipps, S. (2003). The impact of poverty on health. CPHI Collected Papers. Ottawa, ON: Canadian Institute for Health Information.

[2] ibid.

[3] O'Hare, W.P. (2009). The forgotten fifth: child poverty in rural America. The Carsey Institute. Retrieved May 20, 2010 from http://www.carseyinstitute.unh.edu/publications/Report-OHare-ForgottenFifth.pdf.

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systems that have been designed to support them.

Table 6, below, shows that in 2009, there were 1,013 children ages 0-5 living in poverty in the Region. We can also see that the number of children living in poverty in 2009 increased 14.21% over 2008. Because the population increase for children 0-5 between 2008 and 2009 was 14.23% (Table 1), we can deduce that almost 100% of children born between 2008 and 2009 were born in poverty.

Table 6. Children Ages 0-5 in Poverty 2008, 2009

	2008	2009	% Growth 2008-2009
White Mountain Apache Tribe Region	887	1,013	14.21%
Arizona	138,288	149,931	8.42%

Source: First Things First Allocation Formula

Table 7 shows us that 53.3% of children ages 0-5 in the Region live in poverty. That rate is substantially higher than the statewide rate of 23.3%.

We can also see that between 2008 and 2009, the proportion of children living in poverty was essentially unchanged in the Region, while the proportion of children in poverty increased slightly statewide.

Table 7. Percent of Children Ages 0-5 in Poverty, 2008, 2009

	2008	2009	% Growth 2008-2009
White Mountain Apache Region	53.3%	53.3%	-0.03%
Arizona	22.4%	23.3%	4.13%

Source: First Things First Allocation Formula

If we expand the age range and look at children under 18, in 2000, 42% of all children under age 18 in the Region lived in poverty. This is substantially higher than the statewide rate of 10% (Table 8).

Table 8. Percent of Families with Children Under Age 18 Living at or Below Poverty, 2000

	2000
White Mountain Apache Tribe*	42%
Arizona	10%

Source: Drawn from AZ DHS Primary Care Statistical Profile using U.S Census 2000 data
*"White Mountain Apache Tribe" is the term used by the AZ DHS to describe those living on the Fort Apache Indian Reservation.

It is well understood that measuring the number of children living in poverty in a region can be a useful tool. However, most people are less familiar with what the measurement actually means and how the poverty level is calculated. The Federal Poverty Guidelines are used by many, including First Things First, to determine poverty in a region. It is therefore useful to spend some time understanding the use and limitations of this data.

What is the Federal Poverty Limit? "FPL" or the Federal Poverty Limit is the most common indicator of well being for low income families in America. For over forty years it has been the primary measure of poverty in the United States and the most often-used benchmark for eligibility federal, state, and local social welfare benefits. In 2005, the poverty threshold for a family of four in the continental United States was $19,350.

What's the problem? The primary flaw in the current measure is that it fails to take into account certain problems, most notable those facing working single mothers. The vast majority of households receiving government assistance are headed by single mothers. The measure does not take into account the costs of child care, transportation and other work-related expenses at all, and fails to adequately account for the exponential growth in the costs of health care and housing. In Arizona, housing and child care is disproportionately expensive. For a family of four making $33,000 a year, child care is the single biggest expense- at $932 (34%) per month, it exceeds even the cost of housing, $817 (29%). Neither of these expenses is taken into account by the FPL- undoubtedly many working Arizona families are actually "working poor". [4]

For the most part, a high percentage of children living in poverty will correlate to a low median income. We can see in Table 9 that in 2000, the Region's annual median household income was $18,723. The statewide annual median household income was $40,558. This means that the median annual household income in the Region is less than half of median income statewide. This finding will have significant implications for families in the Region. It means that families are raising their children on significantly less money and will therefore face additional hurdles when trying to adequately provide for their children.

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[4] Nagle, A. (2009). <u>Status of women and girls in southern Arizona</u>. Women's Foundation of Southern Arizona. Retrieved May 20, 2010 from http://www.womengiving.org/docs/Status_of_Women_Report_Winter2010.pdf.

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Table 9. Median Annual Household Income (per-year, pre tax) 2000

	2000
White Mountain Apache Tribe*	$18,723
Arizona	$40,558

Source: Drawn from AZ DHS Primary Care Statistical Profile using U.S Census 2000 data
*"White Mountain Apache Tribe" is the term used by the AZ DHS to describe those living on the Fort Apache Indian Reservation.

In addition to low median income, there is also high unemployment in the Region. The most recent Bureau of Indian Affairs, American Indian Population and Labor Force Report (2005), shows that 51% of the labor force in the Region are unemployed (Table 10).

Table 10. White Mountain Apache Region Unemployment Rates

	2005
White Mountain Apache Tribe	51%
Arizona	4.6%

Source: Bureau of Indian Affairs, American Indian Population and Labor Force Report (2005)

In addition to finding a low median income and high unemployment in the Region, Table 11 also shows that the cost of living in the Region is high. A brief telephone survey of two regional supermarkets, one in Show Low and one in Whiteriver, was conducted in order to ascertain the cost of living in the Region. According to information given in the surveys, there is a considerable cost differential. Products are significantly more expensive in Whiteriver (Table 11).

When we take into consideration this high cost of living and the low median household income, it becomes clear that families are earning significantly less than their counterparts across the state and having to pay more for their provisions. These two factors have implications for all families in the Region as they strive to adequately provide for their children.

Table 11. Cost of Living, 2010

Food Item	Whiteriver	Show Low	Extra costs for shopping in Whiteriver
I gallon of un-leaded gas	$3.19	$2.71	$0.49
1 gallon of milk (2%)	$2.99	$1.88	$1.11
1 18oz box of Rice Crispies	$5.99	$2.99	$3.00
1 lb of bananas	$0.69	$0.49	$0.20
Total	$12.86	$8.07	$4.79

Because of the high percentage of children living in poverty and the low median income in the Region, we would also expect to see a high uptake rate for the Earned Income Tax Credit (EITC). The EITC is a federal tax credit for people who work and have earned income below about $40,000 per year. The EITC reduces the amount of federal taxes owed and may also provide a refund.

Table 12 shows us that in 2006, 61% of tax returns in the Region had an EITC. This is substantially higher than the statewide rate of 17%. We can also see that in 2006, 51% of returns had a Refund Anticipation Loan (RAL)—a predatory lending product—as compared to 7% statewide. The term predatory lending refers to a number of different lending activities, for instance payday loans, overdraft loans or refund Anticipation Loans (RALs). They are characterized by a financial institution taking unfair advantage of a consumer's financial needs, "Charging usurious interest rates and other unconscionable fees and charges".[5]

We know that low-income families are more likely than other families to take predatory loans, like Refund Anticipation Loans. Research shows that, "Nationally, EITC recipients taking a Refund Anticipation Loan paid nearly $1.6 billion in RAL fees in 2006. This does not include any monies they paid in interest payments. On average a RAL costs a taxpayer $140, with tax preparation fees costing another $163, totaling more than $300 to complete their taxes. This amounts to nearly 12% of what average EITC participants receive."[6]

As a way to help more families receive the EITC and avoid high tax preparation fees, communities have developed free tax preparation sites and IRS-certified Volunteer Income Tax Assistance (VITA) programs. In 2006, 2% of returns in the Region were prepared by a volunteer. This is comparable to the 2.3% prepared by a volunteer statewide. Because this number is very low, there are opportunities in the Region to engage agencies in the setting up of a VITA site and to begin a dialogue around using the EITC as a lever for asset development and financial literacy. Work in asset-building will help families better budget, access traditional banking services and thereby help support them and their ability to provide for their young children.

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[5] Predatory Lending Practices National Association of Consumer Advocates. Retrieved June 20, 2010, http://www.naca.net/predatory-lending-practices/
[6] Nagle, A. & Griffiths, S. (2008). Rural America—EITC and family economic opportunity. The EITC Funders Network. Retrieved May 20, 2010 http://www.eitcfunders.org/recentevents.html.

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Table 12. Percent of Income Tax Returns with an EITC, a Refund Anticipation Loan, and Return Prepared by Self, Paid Preparer, or Volunteer, 2006

	White Mountain Apache Region	Arizona
Total Returns	3,409	2,488,714
% of Returns with EITC	61%	17%
% of Returns with RAL	51%	7%
% of Returns Prepared by Taxpayer	13%	39%
% of Returns Prepared by Paid Preparer	84%	58%
% of Returns Prepared by Volunteer	2%	2.3%

Source: Brookings Institution based on IRS Data, zip codes 85911, 85930, 85941

Education in the Region

Education matters. Educational success can be a predictor of many things—how much you earn, the kind of job you can expect to get, where you live. Being successful in education has an impact on the life of an adult and the economy of the region in which they live. It also has implications for the children being raised by these adults.

The research shows that there is a correlation between parent's academic attainment and how well children achieve in school, and that "Parents' schooling is positively and significantly associated with their children's high school graduation and years of schooling . . ."[7]. Furthermore, "The percentage of neighborhood residents who did not complete high school strongly and negatively affects educational attainment among young people in the neighborhood."[8]

By looking at the data, we can gain a better understanding of the educational environment of the Region.

One element of this educational environment is the language proficiency of the residents. The research shows that, "compared to native-English speaking students, children deemed as language minority in kindergarten show important educational disadvantages that remain significant through fifth grade."[9] In 2000, 41% of those living on the Fort Apache Indian Reservation spoke only English, compared to 74% of residents across the state (Table 13). In 2000, 4% of community residents spoke another language and did not speak any English. This

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[7] Campbell, M., Haveman, R., Sandefur, C. & Wolfe, B. (2005). Economic inequality and educational attainment across a generation. Focus 23(3), 11-15.
[8] ibid.
[9] Galindo, C. (2009). English language learners' math and reading Achievement trajectories in the elementary Grade. Boston, MA: National Institute for Early Education Research. Retrieved May 22, 2010 from http://nieer.org/resources/research/English_language_learners_math_reading_achievement_trajectories_elem.pdf.

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compares to 2.5% statewide. This means that 55% people living in the Region and counted in the 2000 census are bilingual.

Table 13. Percent of Population (ages 5+) and Language Spoken at Home, 2000

Language Spoken at Home	White Mountain Apache Tribe**	Arizona
English only	41%	74.10%
Language other than English*	4%	2.50%

Source U.S. Census Bureau 2000
*and do not speak English at all
**"White Mountain Apache Tribe" is the term used by the U.S. Census Bureau to describe those living on the Fort Apache Indian Reservation

Once a child goes to school in the Region, there are two parallel education systems available to families, one is overseen by the Arizona Department of Education (the public school system); the other is overseen by the Bureau of Indian Education. Because these systems are not exactly aligned, and do not always link together perfectly, there are some inherent problems with children accessing schooling and switching between systems. As we look at educational attainment in the Region, we must do so understanding the complexity introduced by having these two parallel systems.

One of the first opportunities to measure success in school is at third grade. And a child's attainment at third grade, especially in reading, is pivotal. Between kindergarten and third grade a child's schooling is focused on learning how to read. Once a child reaches 4th grade, they need to be able to read in order to learn in other subject areas. The results of the AIMS test (administered in 3rd grade in the public education system) are therefore an important predictor of educational success.

Table 14 shows us that in 2008, a lower percentage of 3rd grade students in Whiteriver Unified School District and McNary Elementary School District met or exceeded AIMS Math and Reading standards than did 3rd graders statewide. It also shows that between 2007 and 2008, the percentage of 3rd grade students at Whiteriver Elementary who met or exceeded AIMS standards improved.

Table 14. Percent of 3rd Grade Students who Met or Exceeded AIMS Standards in Math and Reading, 2007, 2008

	2007	2008	2007	2008
	Met or Exceeded Math Standard		Met or Exceeded Reading Standard	
Whiteriver Elementary	34%	37%	31%	33%
McNary Elementary	50%	44%	33%	44%
Arizona	72%	71%	69%	69%

Source: Arizona Department of Education; data included for all schools for which AIMS DPA grade score achievement levels were published.

Because the Bureau of Indian Education does not utilize the same measurements of success as the Arizona Department of Education, the findings from both systems cannot be directly compared. However, we can see in Table 15 that in the 2005-2006 school year, none of the BIE schools in the Region had 50% or more of students achieving reading or math proficiency.

In comparison to all BIE schools in Arizona, for 2005-2006, John F. Kennedy Day School is comparable, while Cibecue and Theodore Roosevelt had substantially lower proficiency scores.

Table 15. Percent of Children Proficient or Advanced in Reading and Math in BIE Schools, 2005-2006 school year

	Reading Proficient or Advanced	Math Proficient or Advanced
Cibecue Community School	24.19%	14.55%
John F. Kennedy Day School	38.31%	46.68%
Theodore Roosevelt School	15.69%	6.00%
All AZ BIE Schools	35.87%	44.87%

Source: Bureau of Indian Education

Interestingly, during key informant interviews, many interviewees noted that if children were accessing and receiving early childhood supports in a more timely way, the community could expect to see an improvement in the third grade reading and math AIMS scores. These measures are recognized as having value. Community stakeholders see a direct correlation between these scores and the quality of the Region's early childhood environment and services.

Although much can be gleaned from looking at scores early in a child's education, one can also learn from data that shows how many students are completing high school in four years. Table 16 shows that in 2007, just close to one-third of Alchesay High School students completed in four years, compared with 73% of students in Arizona public high schools statewide. This means that well over two-thirds, or over 60%, of the students at Alchesay High School are not completing high school in four years.

Table 16. Percent of High School Students Completing in 4 Years, 2004, 2005, 2006, 2007

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Districts	2007 Rate	2006 Rate	2005 Rate	2004 Rate
Alchesay H.S.	31%	35%	46%	37%
Cibecue Community*	Not available	35%	Not available	Not available
Arizona**	73%	70%	74%	77%

Sources: ADE and Bureau of Indian Education School Report Cards. Tables do not include 5th year students.
* The school was not contacted directly. Information for this Table was accessed from the BIE website.
**Arizona includes ADE schools only.
Note: This table examines youth who started their freshman year and completed high school in four years. Tables do not include 5th year students. Calculations do not include students who transferred to other schools, died or were home schooled.

While many students in the Region struggle to complete high school in four years, Table 17 shows that there is also a high percentage of students that drop out completely. In the 2007-2008 school year, Alchesay High School had a dropout rate of 28% (up from 18% in 2004-2005) and Canyon Day Junior High had a dropout rate of 5%. Key informants share a concern regarding the high dropout rates, connecting it to other issues such as drug and alcohol use.

Table 17. Percent of Students Dropping Out, 2004-2005 and 2007-2008 school year

	2007-2008 Dropout Rate	2004-2005 Dropout Rate
Alchesay High School	28%	18%
Canyon Day Junior High School	5%	6%
Cibecue Community School*	Not available	Not available
John F. Kennedy Day School*	Not available	Not available
Theodore Roosevelt School*	Not available	Not available

Source: ADE, Dropout Report 2007-2008 and 2004-2005
* This school was not contacted directly. Information for this Table was accessed from the BIE website.
Note: The Arizona Department of Education defines a drop out as a student who starts the school year enrolled in a school and does not end the school year enrolled in school. The ADE's calculation does not include children who have transferred to another school or who are out of school for extended periods due to illness.

According to key informants, there are also issues around enrollment in schools in the Region. This arises because the Arizona Department of Education (ADE) and Bureau of Indian Education (BIE) processes are not perfectly aligned and there are differences in the federal and state enrollment parameters. For the federal regulations (BIE), a child must be 5 by December 30 of the year to enter school. According to state regulations (ADE), a child has to be 5 by September 1. This leads to confusion and a few possible outcomes. It is possible that children enroll at a BIE school in December and then choose instead to go to an ADE school. In this scenario they have already missed 1½ months of school. Another possibility is that children enroll late in the systems or fall between the cracks completely.

The Early Childhood System

Introduction

Early childhood education programs can make a difference in the life of a child. Preschool experiences are designed to provide cognitive and social enrichment—to promote a child's ability to succeed in school and prevent poor educational outcomes, such as school failure, unemployment, and poverty.[10]

The information presented in this section has been gathered through key informant interviews with child care directors and service providers in the Region.

> **Key Findings**
> - There is a general consensus in the Region that high quality early education programs can have a significant positive impact on the life of a child.
> - In 2010, there were at least 146 children under age 6 on waiting lists to enroll in early care and education programs in the Region.
> - Although the traditional Head Start model serves children between ages 3-5 (for 2 years), Head Start in the Region is only available for children ages 4-5 (for 1 year).

In 2010, there were a total of 32 locations that provided child care to young children in the Region (Table 18). These numbers also include private child care and school-based pre-schools. It should be noted, however, that key informants highlighted the fact that some communities have more access to child care services than others. Most noted for the lack of options were Cibecue and Carrizo.

Table 18. Number of Early Care and Educational Programs in the White Mountain Apache Region, 2010

	Tribally Licensed Center	Small Group Homes	Tribally Approved Family Child Care Homes	School-Based Special Needs Preschool	Private Child Care Center	Head Start
2010	1	0	25	1	1	4

Source: 2010 data gathered from interviews with care providers

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[10] Lunenburg, F. (2000). Early childhood education programs can make a difference in academic, economic and social arenas. Education 120(3). 519-529.

Center-based early care and education in the Region is provided through the following:

- **Alchesay Beginnings Child Development Center (ABC Day Care)**—The lab school is part of Whiteriver Unified School District and provides on the job training for high school students. The program serves children ages 0-10. This center is fee-paying, unless children are eligible for special needs speech services (ages 3-5). These special needs children are funded through the Whiteriver Unified School District.
- **Chaghache Day Care**—Chaghache Day Care has the ability to serve 100 children (ages 0-13). The center is fee-paying.
- **Family And Child Education (F.A.C.E.) program**—Run out of the John F. Kennedy School, the family and child education program serves children ages 3-5 whose parents are taking classes at the school, for example GED or college classes. To be enrolled the parent must be present every day on the campus with their child. At the date of the research, there were 10 children enrolled in the program. The program also has a Homebound component for children ages 0-2.
- **Head Start**—Although Head Start is known as a provider of preschool services for eligible children ages 3-5, capacity issues in the Region have caused the limiting of these services to children age 4. The program is currently funded for 252 children with an additional 20 served through a partnership with the Whiteriver Unified School District. Because the Head Start renewal grant is due in September, additional slots may be funded at that time. However, there are issues around the physical capacity of the centers and these will need to be addressed.

In 2010, there were a total of 581 children served in early childhood care and education programs in the Region (Table 19). This does not include the children served through the F.A.C.E. program, not counted because it is not a traditional child care program.

Table 19. Number of Children Enrolled in Early Care and Education Programs, 2010

	Tribally Licensed Center	Tribally Approved Family Child Care Homes	School-Based Special Needs Preschool	Private Child Care Center	Head Start
2010	100	40	67	102	272

Sources: 2010 data gathered from interviews with care providers

In 2010, there were at least 146 children under age 6 on waiting lists to enroll in early care and education programs in the Region (Table 20). This presents a challenge for providers of services and the Regional Partnership Council. In order to help alleviate this problem, in the 2009-2010 school year, the Whiteriver Unified School District allocated some funding to Head Start to share the costs of funding additional slots.

One could expect the number of children on waiting lists to fluctuate, especially in these tough economic times. As a result, during in the key informant interviews with child care directors were asked whether they have seen these numbers increase or decrease. A majority of those

interviewed believe that demand is increasing and hence the number of children on waiting lists is increasing as well.

Key informants also noted that increasing demand may also be a result of greater awareness that children are better served in high quality child care centers, and because there are greater numbers of children requiring special needs preschool services.

Table 20. Number of Children on Waiting Lists at White Mountain Apache Area Early Care and Education Programs, 2010

	Tribally Licensed Center	Tribally Approved Family Child Care Homes	School-Based Special Needs Preschool	Private Child Care Center	Head Start
2010	94 (ages 0-5)	NA	NA	20 (ages 0-5)	32

Source: 2010 data gathered from interviews with care providers

One of the barriers to all children accessing high quality early childhood programs is cost. In 2010, the cost of child care to parents for children under age 3 ranged between $14 and $20 per day. For children ages 3-5, the cost of care to parents ranged from $12 per day to $18 per day (Table 21).

Table 21. Cost of Child Care in the White Mountain Apache Region, 2010

	Tribally Licensed Center	Tribally Approved Family Child Care Homes	Private Child Care Center
Ages 0-1	$18/day	$15/day	$20/day
Ages 1-2	$16/day	$14 per day	$20/day
Ages 3-5	$15/day	$12/day	$18/day

Source: 2010 data gathered from interviews with care providers
Note: Head Start and special needs preschool not included because programs are free to parents

Providing daycare and preschool opportunities does not always lead to significant improvements for children. Those daycare and preschool opportunities need to be of a high quality. One measurement of quality is through accreditation by the National Association for the Education of Young Children (NAEYC) In 2010 there are no NAEYC accredited programs in the Region.

Accreditation speaks to one way of ensuring quality. Another way of doing this is by working to ensure that increasing numbers of providers have early childhood credentials. In the Region key informants noted that the quality of care is "patchy"—meaning in some places it may be better

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than others. Child care opportunities are not yet comprehensive, in the way that public education is, and quality cannot be assured. As a result, during key informant interviews child care directors were asked to share information about professional development opportunities available for staff.

Professional Development

There are many opportunities in the Region for early care providers to receive professional development:

- **Alchesay Beginnings Child Development Center (ABC Day Care)**—This child care center, located in the Alchesay High School, also serves as a professional development training ground for the Region. The program follows Developmentally Appropriate Practices and aims to provide high quality services to children, produce a regular cadre of qualified early childhood providers for the community, and help those young parents who have children to stay in school. Last year eight students graduated with a Certificate of Proficiency (CoP) from the program through Northland Pioneer College (this number excluded those who graduated but did not have sufficient credentials for the CoP).
- **Northland Pioneer College**—NPC offers courses throughout northern Arizona and serves over 300 students in its early childhood programs in Navajo and Apache counties. The college offers a 2-year Associates Early Childhood Education degree in 6-7 areas and Child Development Associate (CDA) classes. Most of the programs are delivered onsite, at the work settings. NPC works with the following child care settings:
  - o **Chaghache Day Care**—NPC provides monthly professional development workshops for care providers at Chaghache Day Care. Training is provided for all 33 teachers. All of the teachers in the center are engaged in professional development activities, some are working toward a Certificate of Proficiency (CoP), while others have the CoP and are working toward their Child Development Associate (CDA) credential.
  - o **Head Start**—NPC is working with Head Start to help staff meet the mandates that by 2013 all teaching assistants will have or be working toward their CDA, by 2013, 50% of teachers will have a Bachelors degree and by 2013 all teachers will have a minimum of a 2 year degree. Head Start is currently working with staff to ensure that they all have a degree plan in place. However, there are numerous barriers to staff fulfilling the mandate. There are some providers who lack the basic skills necessary for success, especially in the areas of math and science requirements. Others may feel that, according to one key informant, "Further education is just not for them."
  - o **Kith and Kin**—Funded by First Things First, the goal of this grant is to serve 40 un-licensed and unregulated providers to improve the quality of child care provided. The program provides 60 hours of course work including CPR, health, safety and nutrition. Upon completion, participants are provided $100 worth of materials. At the time this report was written, 14 participants had completed the course.

- **Northern Arizona University**—Providers can obtain a Bachelors Degree in Early Childhood Education through NAU. However, because of funding cuts videoconferencing is no longer available and students would need to attend classes in person at an NAU Satellite campus.

The main funding mechanisms for professional development are:
- **DES Scholarships**—For Chaghache and ABC Day care.
- **Head Start**—Provides professional development for their staff.
- **Early Childhood Scholarships**—Provided through Northland Pioneer College.
- **T.E.A.C.H**—There are currently two TEACH funded providers in the Region.

According to key informant interviews and the focus group, there is a consensus regarding the importance of high quality early education experiences in the Region. However, although there is a range of professional development opportunities, key informants believe that the quality of care in the Region remains, "patchy". In addition, it remains a challenge for families to access existing early care options. There are opportunities for the Regional Partnership Council to continue their work of building the capacity of the provider community in terms of professional development and the number of available child care slots.

Supporting Families

Introduction

Parenting is complex and parents sometimes need support. This is especially true when families are struggling to make ends meet and are facing the extra stressors and barriers associated with living in a rural community.

Because there is no publically available data that captures the impact of family support programs in the Region, this section of the report relies heavily on key informant interviews and the focus group.

> **Key Findings**
> - There are many programs in place in the Region that are making a difference for children ages 0-5 and their families.
> - There is tremendous community support for Head Start—for increasing the capacity of existing services and also bringing Early Head Start to the community.
> - Through the regional partnership with Johns Hopkins University, there is a history of research regarding programs, services and approaches that can make a difference for families.
> - There have been policy decisions that are making things better for families and their young children—this indicates growing community awareness of the importance of programs for children ages 0-5.
> - The Interagency Group is perceived to be responsible for an increase in family support services in the Region—initiated by Child Find in October of 2010, this group, which aims to bring the early care and education stakeholders together, has already doubled in size.
> - Key informants noted that there are some communities in the Region that receive very few family support services, most notably the rural areas of Cibecue and Carrizo.

There are many programs in place in the Region that are making a difference for children ages 0-5 and their families. For the purposes of this report these have been divided these into two categories:

- **Family Support Programs**—For example, special needs and health services.
- **Parenting Programs**—Programs designed to improve parenting skills and the capacity of parents to be positively involved in the lives of their children.

In addition, this section includes an overview of the following:
- **Tribal Council and Program Policies Supporting Families**—Key informants noted that some policies have been implemented that are having a positive impact on families in the Region.

- **Family Support Successes**—Key informants and focus group participants shared their perceptions of areas where they see progress being made for children 0-5 in the Region.
- **Future Benchmarks**—Key informants were asked what changes they could expect to see if children 0-5 were accessing and receiving early childhood supports in a more timely way.
- **What's Missing**—Key informants and focus group participants were asked to provide information on services not yet in place but that could have the potential to improve the outcomes for children.

Family Support Programs

When asked what programs are supporting families and making a difference for children ages 0-5, many were mentioned. Here are some of those that interviewees and focus group participants most frequently referred to:

- **Head Start**—"Head Start is really valuable," said one key informant. "They've been in the community for over 35 years and people understand the services they provide. Families value what Head Start has to offer." Despite the overwhelming support for the impact that Head Start is able to provide, many people spoke to the waiting list and capacity issues. Although these may be somewhat remedied when the Head Start grant renewal is applied for, Head Start does not have the facilities that would be necessary to serve all eligible 3-5 year olds. There is also tremendous community support for bringing Early Head Start to the community.
- **Child Care Centers**—Families in the Region have a range of child care options (described in the earlier The Early Childhood System section). There is growing awareness that having a child in a high quality child care and preschool setting has a positive impact on the outcomes for that child. The child care centers work to help ensure that children are ready to enter school, make the transition from the center to the school setting as easy as possible, provide information and resources to families, help them access services for their children (such as special needs services), and engage families.
- **Child Find**—Child Find provides screening services for parents who are concerned with their child's development. Once a child has been identified, they work to connect the child with the services needed and help the parent to work with their child. In addition to this, they provide bi-weekly classes for parents of children who do not qualify for special services but have some delays. These training opportunities cover language, social and emotional development, self-help and gross motor skills.
- **Indian Health Services**—Like Head Start, the IHS has a history in the community and people know what to expect. As one key informant noted, "They understand the issues and know the agencies that they need to network with to help kids. They're well connected."
- **Women, Infants and Children**—WIC is one of the foundational services for families with young children. Many noted its impact on young children. In addition to helping families access nutritious foods, it is also perceived as a community conduit for information.

- **Diabetes Prevention Program**—The preschool arm of this program works with child care centers, WIC, Head Start and Child Find. Each year it reaches around 300 preschool children and around 100 parents of preschoolers, teaching them about healthy eating, exercise and diabetes prevention. According to a few key informants, children have changed their eating habits as a result of this program. However, for change to be sustainable, it is recognized that the parents need to change also.
- **Whiteriver Unified School District**—Key informants noted that the school district is an asset in the Region. The district was noted for its special needs preschool.
- **Community Health Representatives Program**—These community health specialists were noted for their work around health awareness in the community and in individual homes. One key informant sees great opportunity here, "They could be used for working with parents on nutrition and exercise—buying food, cooking demonstrations, cooking shows on the radio!"
- **Rainbow Treatment Center**—This was noted in a number of interviews although key informants were not aware of particular programs or successes.

Family Support White Mountain Apache Tribe Regional Partnership Council Grantees:

- **Support Box Project**—This program provides much needed support materials to families with children 0-5 who are in need. The boxes include diapers, wipes and educational materials. Boxes are handed out on a monthly basis to families who meet the eligibility criteria and complete two hours of community service. The program targets parents who have been laid off or furloughed.
- **Family Career and Community Leaders of America**—This Career and Technical Student Organization is associated with the Alchesay Beginnings Child Development Center. The focus of the program is professionalism, and helping youth and families get the skills they need to enter a profession. Activities revolve around community service—fundraising and making community improvements (i.e. refurbishing parks so that children have a place to play). The grant also funds the annual Early Childhood Conference in the community—a free-of-charge parent and provider program aimed at increasing awareness and skills of parents and providers. The high school students run all components of the program. This year, year 2 of the program, 80 people attended the conference, equally divided between parents and providers.
- **The Father's project**—Initiated in partnership with First Things First and Johns Hopkins University, this intervention program is currently in the research phase. It is being designed to help fathers in the Region become better parents and will begin in June.
- **Kith and Kin**—Funded by First Things First, the goal of this grant is to serve 40 un-licensed and unregulated providers to improve the child care provided. The program provides 60 hours of course work including CPR, health, safety and nutrition. Upon completion, participants are provided $100 worth if materials. At the time of writing this report, 14 participants had completed the course.

Parenting Programs

Parents are a child's first teacher. It is well understood that children are more likely to succeed when their parents are engaged in their life and education. However, key informants noted again and again that, "It's hard to get parents engaged." There are numerous programs in the Region that have been designed to teach parents some of the "essential parenting skills" that will allow their children to succeed. Programs most often noted include:

- **Johns Hopkins University**—Through its partnership with Johns Hopkins, the Region has a range of programs available that seek to support families, and there is history of research regarding programs, services and approaches that make a difference to families. Those programs most mentioned in key informant interviews include:
  - **Cradling our Future**—This grant-funded program began when a cohort of young mothers were 20 weeks pregnant. The study looked at two groups of mothers—one group received parenting classes and the control group had no classes. Much could be gleaned from this study regarding best practices for engaging mothers in the Region.
  - **Family Spirit**—This program, run between 2001 and 2004 saw an increase in parenting skills, knowledge and involvement, and a decrease in depression. According to the information accessed for this report, "The 'Family Spirit' program is notable because it was delivered during in-home visits and because it was delivered by specially trained native paraprofessionals who were able to deliver the lessons in the mother's native language or in English, to use traditional ceremonies and practices or more Western approaches, and to interact in ways that respected the participants' cultural orientation and living situation."[11] The model "Represents a promising new preventive intervention for American Indian communities that was designed to meet their specific needs and draw on readily available human resources—paraprofessionals."[12]
  - **Community Visioning Project**—This effort, aimed at improving family nutrition in the Region, is just getting off the ground. Currently, the program has provided mini-grants to enable families with gardens to increase their crop yield so they can sell it at the planned farmer's market. It is also hoped that the gardens will serve as models for other families.

  It should be noted that Johns Hopkins University has conducted research on parent involvement and moving parents toward greater efficacy and engagement throughout the Region. The research findings could be a tremendous community asset.
- **Child Care Centers**—Child care centers in the Region aim to build close connections with families. These connections can be a conduit for providing information regarding child development, an individual child's development, and positive child rearing practices. In addition they can provide appropriate learning activities that the parent can do at home to reinforce learning; they can connect a parent to volunteer opportunities, keep communication lines open, provide referral where needed and help parents to

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[11] Kelly, J. (2009). Home visits to young American Indian mothers improve infant outcomes. Medscape Medical News. Retrieved June 6 2010 from http://www.medscape.com/viewarticle/703292.
[12] Ibid.

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advocate for their rights and the rights of their child. In this category key informants noted the following programs:

- o **Family and Child Education Program (F.A.C.E.)**—Provides opportunities for parents who are working on their GED or college classes to be in the same facility as their children. The program allows parents and children to come together throughout the day and helps provide models and support for positive parenting.
- o **Head Start**—Provides monthly activities for families, such as how to play with your child and brain development. In addition they have a monthly Parent Policy Council meeting and monthly parent meetings in the classrooms so that parents can support learning at home. Head Start also provides a community resource guide that is available to all families.
- o **Chaghache Daycare**—Provides monthly family nights where families have an opportunity to go into their child's classroom to see what the children are doing. The center also aims to give parents ideas of activities that can be done at home to reinforce learning. They also provide an annual 1-day program for parents. According to one key informant, "Over the years I've seen an increase in awareness of what quality is."
- o **Alchesay Beginnings Child Development Center (ABC Day Care)**— Through its program, the center provides services for parents in the school and community, and also for parents in training to become providers themselves. They work to connect families with community resources aimed to help their children. Next year, in partnership with First Things First, they are planning to offer monthly parent training classes. In addition their annual Early Childhood Conference is open to parents and providers and it is estimated that this year approximately 80 people attended, 40 of which were parents.
- **Child Find**—In addition to offering special needs screening services, Child Find also offers monthly parent trainings with expert speakers. Any parent is eligible, as long as Child Find has screened their child.

Tribal Council and Program Policies Supporting Families

Key informants also noted that there have been some Tribal Council and program policy-level decisions that are making things better for families and their young children on a broad scale. According to one key informant, "Children are becoming more of a priority in the Region." Policy decisions, including those instituted by the Tribal Council, that have been beneficial to young children include:

- **Food at school**—Although early nutrition is a concern shared by many interviewed, key informants believed that there is increasing awareness of its importance. This has been indicated by at least one of the Parent Advisory Committees at schools beginning to advocate for better nutrition.
- **Positive Behavior models**—There are some positive behavior models being used in the schools. These programs, mainly anti-bullying, are seen as a positive step.
- **Breastfeeding Resolution**—A number of key informants noted the breastfeeding resolution that the Tribal Council passed, allowing women to breastfeed at work or take

time off to pump. Key informants noted that this indicates an increase in awareness regarding the benefits of breastfeeding.

- **Head Start Policy Council**—Although not yet adopted by the Tribal Council, key informants noted that the Head Start Policy Council wrote to parents about not bringing cookies and candies in for children's parties in an effort to increase nutrition awareness. This indicates that there is awareness among parents of the importance of diet restrictions.

Finally, because the Tribal Council has six newly elected members, key informants see this as an opportunity to advocate for future policy change and to build awareness of the importance of early childhood development and health in the Region.

Family Support Successes

Parents want their children to be successful and key informants and focus group participants were asked to identify places where things seem to be improving for families in the Region. They were also asked to identify the mechanisms that were leading to this success. Participants identified the following improvements:

- **Collaboration**—Although there is a history of collaboration in the Region, especially between single organizations, it is worth noting that those interviewed see the Interagency Group as responsible for an increase in family support services. The Interagency Group is a Child Find initiative that began in October with the support of First Things First. The goal is to bring the early care and education program partners together.
- **Child Care**—It is well understood in the Region that the earlier a child receives preschool and early care and education services the better. Although the Region does not have the capacity to meet all child care needs, the funding of a Head Start classroom by the Whiteriver Unified School District is seen as a very positive move forward.
- **Identifying Special Needs**—Key informants recognize the value of identifying and connecting families to special needs services as early as possible and are supportive of efforts to do this. Most notable is Child Find.
- **Law Enforcement Efforts**—Many key informants noted that there are stressors in the Region in regard to alcohol, drugs and the resulting violence. Although these problems are not going away, key informants did note the positive efforts of law enforcement as they try to manage and solve these problems.
- **First Things First**—There is tremendous support for First Things First and the work it is doing in the Region to increase the positive outcomes for children 0-5. Of particular note were the Emergency Child Care Scholarships and the dental and special education strategies.
- **Free Car Seat program**—A number of key informants spoke of the importance of the free car seat program with the fire department.

Future Benchmarks

It is interesting to note that when key informants and parents were asked what changes they would see if children 0-5 were accessing and receiving early childhood supports in a more timely way, they shared that they could expect to see change in the following areas:

- **AIMS**—There is general agreement that improving services for young children and families would produce an improvement in the AIMS scores of the Region's schools.
- **School Readiness**—Although there are no statewide measurements of school readiness, key informants agree that improving early education services would mean that children would enter school with more of the basic skills necessary for success. According to key informants, there is an interest in using a single measurement across the Region, such as the Dynamic Indicators of Basic Early Literacy Skills (DIBELS).
- **Increase Parent Involvement**—As noted above, there is no one right way to increase parent involvement. However, key informants believe that this would increase as family supports and services increased.
- **Fewer Special Needs**—A number of key informants noted that there are issues around language development and acquisition in the Region with high proportions of speech delays. This factor was also expected to decrease with increased family support.

What's Missing?

Finally, key informants were asked to provide information around services that are not yet in place but have the potential to improve the lives of children 0-5 and their families. Those most frequently noted included:

- **Safety**—There are safety issues in the Region. Key informants repeatedly noted that there are barriers to healthy living created by drugs, alcohol, domestic violence and gang violence. This has a number of impacts on families. One that was mentioned by a number of key informants and in the focus group is that you cannot allow young children to go out and play and therefore get the exercise needed to be healthy. Many homes do not have fenced yards and the available parks are often vandalized. In the words of one key informant, "The social issues are very complex, but they are absolutely tied to our child development issues . . . When I was a kid I could run around and go wherever I wanted. Now it's scary to send your kids down the road. You have to constantly watch them. Children have got hurt; bikes have been stolen. You see the violence. You don't know who the people are walking by any more. There's no streetlights, no sidewalks. Parks get vandalized." In addition to health, there are also issues around allowing children to develop the self-care and confidence skills needed to be successful.
- **Better Nutrition**—"You see kids eating junk food on the way to school and you know that's their lunch money right there." Although the Parent Advisory Committees at some of the schools have noted the poor quality of food provided, key informants believe that it will take more a more sustained community effort, and perhaps the involvement of the Indian Health Service, to really change this. There are clearly issues related to health and nutrition. Key informants noted that many children are obese by the time they enter school. According to one, "About 60% of children in Head Start last year were overweight or obese . . ." This is reflected in the Regional Partnership Council's Funding

Plan which notes, "Of the children screened, (by Head Start in 2007) 56% were considered overweight/obese for their age. This number far exceeds the Center for Disease Control's Healthy People 2010 target of 5% for childhood obesity."[13]

- **Community Literacy**—There are issues around literacy in the Region. Key informants noted that many parents are "functionally illiterate." They shared that there is limited information on what literacy skills children are acquiring at home, including how many children are being read to. When discussing the need for parenting classes, key informants noted that parents need to learn how to play with, and read to, their children.

- **Oral Health**—Key informants generally feel that there are opportunities to improve oral health in the Region. This is reflected in the data in the following section that shows that the number of acute dental visits for children ages 0-5 outnumber those for preventative care.

- **Better Parenting Skills**—Although some programs are in place, perhaps the only regular opportunities are those mandated through Child Protective Services. Improving parenting skills is perceived to be an area of great need. Key informants believe that skills development needs to begin early, with prenatal classes, and be consistent. It is generally recognized that this is challenging and complex work. In the words of one key informant, "It's hard work, but we need to figure out how to do it." Some particular areas of need that key informants suggested are positive discipline models, how to show you love your child without spoiling them, setting boundaries and how to read to, play with and encourage your child.

- **Transportation**—Among the key informants, it was noted that transportation provides a significant challenge.

- **Cultural Heritage**—A number of key informants spoke of the need to keep the language and culture alive. In the words of one, "We need to keep the kids talking in the native tongue. Our Apache. Our language. We need to teach it more."

In addition to the above, key informants spoke of the daily stressors of living in rural poverty. In the words of one key informant, "People are dealing with meeting their basic human needs. That's the real challenge here." Another reiterated this, making a connection with Maslow's Hierarchy of Needs.

Maslow first created his Hierarchy of needs in 1943. His hierarchy of nested needs creates a system where a greater level need cannot be met before the earlier ones have been taken care of. Maslow's basic needs, in order of priority, are as follows:

- **Physiological Needs**—These are biological needs— oxygen, food, water, and a relatively constant body temperature. They are the strongest needs that first need to be met.

- **Safety Needs**—When all physiological needs are satisfied, the needs for security can become active. Adults have little awareness of their security needs; children often display the signs of insecurity and the need to be safe.

- **Needs of Love, Affection and Belongingness**—When the needs for safety and for physiological well-being are satisfied, the next class of needs can emerge. This class includes love, affection and belongingness.

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[13] White Mountain Apache Tribe Regional Partnership Council Funding Plan (2009). Retrieved May 10 from ww.azftf.gov/RPCCouncilPublicationsCenter/White%20Mountain%20Apache_Funding_Plan.pdf.

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- **Needs for Esteem**—When the first three classes of needs are satisfied, the needs for esteem can become dominant. These involve needs for both self-esteem and for the esteem a person gets from others. When these needs are frustrated, the person feels inferior, weak, helpless and worthless.
- **Needs for Self-Actualization**—When all of the foregoing needs are satisfied, then and only then are the needs for self-actualization activated. Maslow describes self-actualization as a person's need to be and do that which the person was "born to do." "A musician must make music, an artist must paint, and a poet must write." If a person is hungry, unsafe, not loved or accepted, or lacking self-esteem, it is very easy to know what the person is restless about. It is not always clear what a person wants when there is a need for self-actualization.[14]

Key informants noted that as long as there are barriers to parents meeting their children's basic needs, such as the physiological and safety needs, it will be a challenge for them to respond to needs higher on Maslow's Hierarchy.

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[14] University of Hawaii Honolulu Community College. (n.d.). Maslow's hierarchy of needs. Retrieved 6/8/10 from http://honolulu.hawaii.edu/intranet/committees/FacDevCom/guidebk/teachtip/maslow.htm

Health

Child health is key to future success. When children do not have their basic health needs met, their ability to flourish in the future is undermined. Research indicates that infant health factors have affects well into adulthood, including impacts on educational attainment, earnings, and employment[15].

Data for this section has been accessed with the cooperation of the Indian Health Services, the primary care provider in the Region.

Key Findings
- In 2008, the number of ER visits by children in the Region exceeded the number of well child visits by 300%.
- Of the babies delivered in the Region in 2008, 2.5% had a low birth weight.
- For children in the Region ages 0-5, acute oral health visits were more frequent than preventative visits.

In 2008, there were 418 births in the Region. This is a decrease of 4.06% from the year 2007 when there were 435 births. This data indicates the fluctuating nature of the birthrate rather than an upward or downward trend (Table 22).

Table 22. Number of Births Fort Apache Reservation, 2006, 2007, 2008*

Year	Number of Births
2006	410
2007	435
2008	418

Source: Public Health Services Indian Hospital, Dr. Marc Traeger special data run
Note: Children who reside on the reservation and are tribal members
*"Fort Apache Reservation" is the term used by the Public Health Services Indian Hospital to describe the region served by the White Mountain Apache Tribe Regional Partnership Council

Prenatal care is essential in monitoring the health and wellness of the pregnant mother as well as the unborn child. Table 23 shows that in 2008 there were 3,628 outpatient visits by mothers for prenatal care at the Indian Health Services hospital.

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[15] Currie, J. & Hyson, R. (1999). Is the impact of health shocks cushioned by socioeconomic status? The case of low birthweight. The American Economic Review 89(2).

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Table 23. Number of Prenatal Visits at Fort Apache Reservation IHS Hospital, 2008*

	2008
Number of Prenatal Outpatient Visits	3,628

Source: Public Health Services Indian Hospital, Dr. Marc Traeger special data run
*"Fort Apache Reservation" is the term used by the Public Health Services Indian Hospital to describe the region served by the White Mountain Apache Tribe Regional Partnership Council

For the births in the Region with available data, between 1.6% and 4.1% had no prenatal care (Table 24).

According to an article published in the American Journal of Public Health, prenatal care has a significant impact on the birth weight of the infant[16]. With this in mind, Table 24 illustrates that 2.5% of births were low birth weight.   The repercussions of low birth weight extend well into adulthood, and include higher rates of "subnormal growth, illnesses, and neurodevelopmental problems."[17]

Table 24. Births Receiving No Prenatal Care and Infants Born Low Birth Weight on the Fort Apache Reservation, 2008*

Births with No Prenatal Care:

The data are incomplete, however of the data that are available:
- Among 120 deliveries at Whiteriver Service Unit, 4.1% had no prenatal care
- Among 120 maternal transports from OB department in 2008, 1.6% had no prenatal care

Low Birth Weight Births (under 2500 grams).

Data are incomplete, however:
- Of the 321 babies with a weight record within 14 days of delivery, 2.5% were low birth weight

Source: Public Health Services Whiteriver Service Unit, Dr. Marc Traeger special data run
*"Fort Apache Reservation" is the term used by the Public Health Services Indian Hospital emergency to describe the region served by the White Mountain Apache Tribe Regional Partnership Council

Although prenatal care can be a predictor of child health, the number of Emergency Department (ED) visits by children is also of interest. In 2008, there were 2,281 well child visits and 7,433 ED visits for children 0-5. This amounts to three ED visits for every well-child visit (Table 25).

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[16] Showstack, J. A., Budetti, P. P., & Minkler, D. (1984). Factors associated with birthweight: an exploration of the roles of prenatal care and length of gestation. American Journal of Public Health. 74(9), 1003-1008.
[17] Hack, M., Klein, N.K. & Taylor, H.G. (1995). Long-Term Developmental Outcomes of Low Birth Weight Infants. The Future of Children 5(1), 176-196.

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Table 25. Number of Emergency Department and Well-Child Visits for Children Ages 0-5 at Fort Apache IHS Clinics, 2008*

	2008
ER Visits (children ages 0-5)	7,433
Well Child Visits (children ages 0-5)	2,281

Source: Public Health Services Whiteriver Service Unit, Dr. Marc Traeger special data run
*"Fort Apache Reservation" is the term used by the Public Health Services Indian Hospital to describe the region served by the White Mountain Apache Tribe Regional Partnership Council

In the previous section key informants noted that there are pediatric oral health needs in the Region, and the data supports this claim. Table 26 shows that in 2008, there were 586 preventive oral health visits for children ages 0-5 and 655 acute oral health visits. This amounts to more than 1 acute care visit for every preventative care visit. More specifically, the visits for acute oral health exceeded those for preventative care by 11.8%.

Table 26. Number Acute and Preventive Oral Health Visits for Children Ages 0-5 at Fort Apache Reservation, 2008*

	2008
Preventative Oral Health Visits (ages 0-5)	586
Acute Oral Health Visits (ages 0-5)	655

Source: Public Health Services Whiteriver Service Unit, Dr. Marc Traeger special data run
*"Fort Apache Reservation" is the term used by the Public Health Services Indian Hospital to describe the region served by the White Mountain Apache Tribe Regional Partnership Council

In 2008, children in the Region received between 78% and 96% of the recommended vaccines. Although only 78% of children received the full recommendation of 4 Pneumococcal vaccinations, 95% of children received three of the doses (Table 27).

Table 27. Percentage of Children (35 months) Receiving Vaccine (by type) at Fort Apache Reservation, 2008*

Vaccine Type	Rate of immunization receipt for children at 35 months
4DTaP	87%
3 Polio	95%
1 MMR	94%
3 HIB	91%
3 Hep B	96%
1 Varicella	91%
4 Pneumococcal	78% (95% had 3 doses)
1 Hepatitis A	91%

Source: Public Health Services Whiteriver Service Unit, Dr. Marc Traeger special data run
*"Fort Apache Reservation" is the term used by the Public Health Services Indian Hospital to describe the region served by the White Mountain Apache Tribe Regional Partnership Council

According to key informants, families are not accessing the medical services available to them and their children. They noted that they often see parents waiting too long to have their children's health needs met. In the words of one key informant, "We have lots of kids with untreated ear infections. They go undiagnosed and then they get a perforated ear drum." This lack of knowledge could also account for the high proportion of emergency department visits, as compared to the wellness checks, and possibly also the number of acute dental visits for children 0-5.

There are always opportunities to increase the health outcomes in a community. However, health cannot be approached in a vacuum. There are implications here for outreach, parenting classes, family support and collaboration among agencies.

Public Awareness & Collaboration

Introduction

Connections help things happen. There are two levels on which programs in the early childhood development and health community in the Region are aiming to build connections. Firstly, they aim to connect with the families to ensure that they are aware of the services available to them. Secondly, these service providers recognize that when they connect with each other, there is a greater chance of success.

Connecting with Families

During interviews and the focus group, participants were asked where they or parents in the community go to for information and resources regarding their youngest children. There are many organizations that people listed that provide access to information and resources—Child Find, Head Start, child care centers, Indian Health Services, doctors offices, local radio, local newspaper, WIC and community health representatives. It should also be noted that Head Start produces an annual Community Resource Handbook for the area. The Handbook lists contact information in the categories of emergency services, schools, family care, education, family assistance, Tribal services, recreation, other, Apache Behavioral Health and Tribal Social Services. However, despite the usefulness of this resource, it is only currently available to families with children enrolled in Head Start. In addition to the Head Start Community Resource Handbook there has been an effort underway by the Kennel and Apache Behavioral Health Services to create a more thorough listing, which would include descriptions of services offered. At the time of the report, this was not yet completed.

Despite the long list of agencies that are working to connect parents to information and resources, some families are still not accessing the full range of services available to them. There are a few possible causes of this—it could be that there are capacity issues in that once referred, an agency does not have the capacity to meet a family's need.

A second possibility is that despite the numerous avenues available to connect families with information, community members are still not aware of the services. Certainly, there are challenges that need to be worked around. There are language barriers; there are literacy barriers among the parents; there are issues around living in a rural area; there are transportation barriers; and then there are perceived to be more and less effective ways of reaching parents.

Key informants noted that the most effective means of getting the word out is still by word of mouth and through the area's social networking traditions. This has significant implications for those working in the Region. In the words of one key informant, "We like to hope that a brochure will do the trick." However, many noted that this doesn't really work. This can leave agency staff frustrated. In the words of one, "Families need to take advantage of the programs out there." There are opportunities to explore what really works to help people access information and how to maximize those "teachable moments" that are already built into the fabric of the early childhood system—Child Find surveys, WIC pick up, pediatric visits, child

care interactions, prenatal classes . . . The list goes on. These are current connection points with families and there are opportunities to use these to greater effect.

Finally, there are also issues relating how appealing a message is. Once an agency finally connects with parents, how do they make sure that the message is appealing? That it is a message that truly connects with parents and inspires them to act. Again, although key informants do not have an answer, there is awareness that this is an area for further exploration.

Connecting between Agencies

Having agencies that share the same, common goals work together makes sense. And there are multiple reasons for agencies to collaborate:
- **Referral Processes**—Working to ensure that there is a seamless connection between services; that there are cross-agency referrals. In the words of one key informant, "Collaboration between agencies is removing some of the barriers that prevent families from accessing services." And again, "Agencies in Whiteriver are working to tighten-up their ability to cross refer. The attitude is, 'How can we help families?' It's really putting the families first, instead of defensiveness and competition."
- **Community Awareness**—Working to ensure that families are aware of services available to them and that the "right hand" in the early childhood system knows what the "left hand" is doing.
- **System Change**—The early childhood system is made of many parts—early care and education, family support, health, mental health, nutrition, and special needs/early intervention. In recent years, there has been a great deal of conversation around system change, which looks at how to work with all components of a system to create sustainable, long-term change.[18]

If we look at the benefits that systems change work can potentially reap, it is evident that there are tremendous implications here for the work of First Things First and the White Mountain Apache Tribe Regional Partnership Council. In bringing together different agencies—different parts of the early childhood development and health system—it is possible to embrace all agencies and in doing so leverage this effort for systems change, in order to create permanent, sustainable, systemic change.

There is clearly a strong history of collaboration in the Region; again and again key informants noted, "People recognize the need to work together." Key informants were able to give numerous examples of agencies partnering—the School District with Head Start, Child Find, the IHS and Behavioral Health; Child Find with FACE, churches; and the Head Start Disabilities Work Group. Collaboration is not new to the Region and it appears that in the last two years the Whiteriver Unified School District has really worked to increase collaboration.

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[18] Coffman, J. (2007). Evaluation systems initiatives. Build initiative. Retrieved May 1, 2010 from http://www.buildinitiative.org/content/evaluation-systems-change.

However, it is the Interagency Collaborative that has really risen to the surface here, and it has tremendous potential. Although it was only initiated by Child Find in October of 2010, this monthly meeting, aimed at bringing agencies and providers serving children ages 0-5 together, has already doubled in size. Key informants can easily connect to the potential and see the value immediately. In the words of one key informant, "It's creating nice connections between agencies and alignment of goals." And again, "The early childhood interagency meetings are really helping people assist families. They're helping us inch toward a continuum of care." There are tremendous opportunities here to leverage this collaboration not only to ensure that children are seamlessly served, but also to begin the more difficult work of building and leveraging this group for systems change.

Summary and Conclusions

The goal of this report is to provide a snapshot of the needs and assets of children ages 0-5 and their families residing on the Fort Apache Indian Reservation.

Data has uncovered some key findings that will be important to those working in the Region. They are as follows:

- **Build Capacity**—The number of children ages 0-5 in the Region is growing significantly faster than the state rate. When exploring future priorities, community partners must do so recognizing that the need is increasing. This means focusing especially on the capacity of those programs that have been proven to improve the outcomes for the Region's youngest children. There are opportunities for the Regional Partnership Council to work with existing partners in the Region in order to address the increasing capacity needs.

- **Tailoring Programs to meet areas of Increasing Need**—In 2000, almost two-fifths of households with children under age 18 were headed by a single female—compared to just one-fifth statewide. This finding has significant implications for programs that are being designed to support parents.

- **Building the Capacity of Head Start**—Despite the overwhelming support for the impact that Head Start is able to provide, many people spoke to the waiting list and capacity issues. Although these may be somewhat remedied when the Head Start renewal grant is applied for, Head Start does not have the facilities that would be necessary for serving all eligible 3-5 year olds. There is also tremendous community support for bringing Early Head Start to the community. In the words of one key informant, "We're not preparing the kids to run the tribe in the future. Starting at 4 just doesn't work anymore."

- **Build the Capacity of other Child Care Settings**—In 2010, there were at least 146 children under age 6 on waiting lists to enroll in early care and education programs in the Region. This presents a challenge for providers of services and the Regional Partnership Council. There are also opportunities to continue to support centers and providers as they move toward their goals of increasing quality, so that wherever a child accesses child care and preschool, their needs are met.

- **Johns Hopkins University**—Through its partnership with Johns Hopkins, the Region has seen improvements in services offered to families. For the most part, these programs appear to have included a research component. As a result, much is known about what works in the Region and what programs could provide fruitful partnerships when grant funding lapses. It could be beneficial to begin the process of creating some cumulative findings, or best practices, which could be used to inform future programs. Additionally, it would be useful for the Regional Partnership Council to engage with Johns Hopkins about the sustainability of programs that have been proven to be successful.

- **Exploring Different Outreach Options**—If word of mouth is the way to connect people to resources, organizations need to spend some time exploring how to maximize these opportunities with the resources they have. Child Find conducts an annual door-to-door survey, the Support Box projects hands out supplies to some of the areas most needy families, people access WIC, and make use of the IHS services. Community partners need to do all that they can to ensure that every interaction has a message. Additionally, thought could be given to programs that utilize word-of-mouth networks for change, like the Promotora model. This type of model has already proven to be effective through the Family Spirit and the Community Health Representative programs.

- **Timely Health Prevention**—The report findings indicate that families are not accessing the preventative health and oral health services needed to ensure good health outcomes for their children. There are two implications of this data. The first involves awareness and necessitates a re-examination of awareness and outreach. The second involves an examination of capacity and whether the services, programs and facilities in place are sufficient to serve all children.

- **Interagency Collaboration and Systems Change**—There are tremendous opportunities here to leverage this collaboration not only to ensure that children are seamlessly served, but also to begin the more difficult work of building and leveraging this group for systems change. Although this work takes time and effort, there are models that could be used to guide the work.

- **Engaging Outlying Communities**—Although there are programs in place, key informants noted that there are some communities in the Region that receive very few family support services, most notable the remote areas of Cibecue and Carrizo. When making funding decisions, special attention should be paid to the most underserved areas of the Region.

- **Health and Diabetes Prevention**—The areas of childhood obesity, diabetes and nutritional intervention are seen as vital and key informants and parents expressed great concern in these areas. There are programs that seem to be making a difference in health for the Region, especially in the area of diabetes prevention, but they have limited capacity. There are opportunities to bring these efforts together, in order to augment them, and also to explore other opportunities that could make a difference to families with young children, especially in the areas of health, nutrition and diabetes prevention.

- **Cultural Heritage**— A number of key informants spoke of the need to keep the language and culture alive. In the words of one, "We need to keep the kids talking in the native tongue. Our Apache. Our language. We need to teach it more." That this is a need is also reflected in the data where we see that for 41% of the White Mountain Apache Tribe, English is the only language spoken (U.S. Census Bureau, 2000). In these households, Apache is not spoken. This has implications for the opportunities available to the Region's youngest children to interact with their language. For all initiatives undertaken, special attention should be made to incorporate culturally relevant practices and materials.

- **Build Community EITC VITA Options**—The chances of a child succeeding are related to many factors, including the economic well-being of the family. There is a high EITC up-take rate in the Region but a very low volunteer tax preparation rate. Over 50% of the families eligible for the EITC take out a Refund Anticipation Loan. There are opportunities to engage local agencies in a dialogue around the potential of creating addition free tax-preparation options or a VITA site in the area. The tax return can present an opportunity to screen for additional benefits, and leverage the EITC for personal asset development, accessing traditional banking processes and building financial literacy.

- **Building Community Dialogue**—Although much has been done to engage community programs and providers through the Interagency Collaboration, there are tremendous opportunities to increase the regional dialogue around the importance of early care and education. Through community engagement processes, regional providers and partners could bring all stakeholders into the conversation—families, schools, the Tribal Council, health providers, child care providers, services providers, older children—to explore the strengths and assets available in the community that could be maximized to improve the outcomes of children 0-5 in the Region. Appendix 2 provides one possible approach to this.

Appendix A—Primary Data Collection Overview

In addition to accessing existing data, the research team utilized the following primary data collections strategies:

Focus group—In May 2010, parents participating in the F.A.C.E. program at the John F. Kennedy School were invited to participate in a focus group and were asked questions regarding their perception of assets and needs in the community pertaining to children ages 0-5.

Key Information Interviews—In order to gain a wider community perception, ten key informant interviews were conducted. These hour-long conversations were aimed at collecting information regarding programs and services for families with children ages 0-5, and also to gain insights on perceptions of the assets and needs of families with children 0-5. Key informant interviews were conducted with the following:

Kearny Bonito	White Mountain Apache Tribe Diabetes Program
Claude Endfield	Northland Pioneer College
Laurel Endfield	ABC Day Care
Ranelda Hastings	Johns Hopkins Center for American Indian Health, Support Box Program
Sue Higgins	FACE
Velma Kaytoggy	Chaghache Day Care
Mary Kline	Whiteriver Unified School District
Kathy Lacapa-Boegl	White Mountain Apache Tribe Child Find Program
Leola Larzelere	White Mountain Apache Tribe Head Start Program
Kirk Massey, Jr.	Johns Hopkins Center for American Indian Health, Father's Project

Appendix B—Building Community Dialogue

As regional partners begin the process of reflecting on this Needs and Assets Report, it is worth looking at how the results of this Report could be used. Although the Report will create an invaluable snapshot of the early care, health and education systems in the Region, it will not answer some key questions:

- How will we engage the community in the process of filtering the information in order to develop a set of regional strategic priorities?
- How will we work with the community's strengths, resources and assets in order to address the strategic priorities?
- How will we move from the identification of regional strategic priorities to action?

A next step for community stakeholders could be to take the Needs and Assets Report data back to key community stakeholders in order to begin:
- Engaging the community in the identification of key strategic priorities,
- Helping leverage other community assets and resources in order to address the strategic priorities,
- Building relationships in the community and
- Creating a shared community vision and goals.

In order to address these steps and goals, we would like to suggest the following courses of action:

- **Strategic Planning**—Engage groups of community stakeholders in a strategic planning retreat. This retreats could be facilitated using the Appreciative Inquiry Summit model and would move stakeholders through a process of:
    - i) Mapping community assets and strengths that can be applied to needs in the early, care, education and health systems,
    - ii) Using sustainability and impact as the filters by which we arrive at strategic priorities,
    - iii) Creating Action plans for each strategic area.

    Appreciative Inquiry
    Appreciative Inquiry is an action-oriented process that draws out the strengths and hopes of the people involved in a particular group. The creators of the technique define it as "the study and exploration of what gives life to human systems when they function at their best." In the Appreciative Inquiry Summit model, participants complete all four phases of the 4-D Cycle.
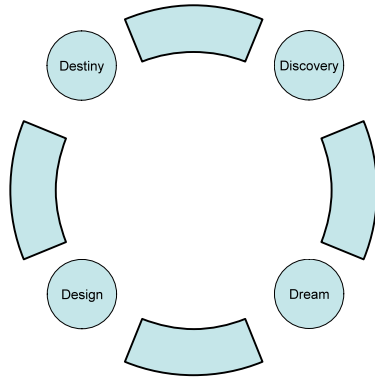
The 4-D Cycle:

1. Discovery
2. Dream
3. Design
4. Destiny

Prioritizing by Impact and Sustainability
Within the design phase of the Summit community partners could work to create a set of strategic priorities for the Region. In order to begin the process of prioritizing they would think about resources, sustainability and impact.

Criteria for Prioritization and Decision Making
It would be useful to develop a list of criteria to evaluate all the ideas with. For example:

- **Cost- amount and duration of cost:**
  - ➢ What is doable with existing resources?
  - ➢ What is doable with very small amounts of new money?
  - ➢ What requires an on-going source of new funding?

- **Largest Impact:**
  - ➢ What activities or strategies will have the greatest impact?
  - ➢ What will have a medium impact?
  - ➢ What activities would have a low impact?

- **Ability:**
  - ➢ How easy would it be to implement the proposed strategies and activities?

- **Asset-based and built on existing infrastructure and networks:**
  - ➢ Which of the activities/strategies are built on strengths—what is going well and how to do more of it?
  - ➢ Which of the activities/strategies are built on an existing infrastructure and/or network?
  - ➢ Which ones require creating or imposing a new infrastructure?

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